

State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

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☐ Out-of-State Trip No. _____ ☒ Travel ☐ Training

Claimant's Name: Mary-Ann Warmerdam Telephone Number: 916-445-4000 Employee Number: _____

Home Address: _____ Director: _____

Headquarters Address: 1001 I Street City: Sacramento State: CA Zip Code: 95814 Branch: Executive Office CB/I No.: Exempt

(1) Month/Year 5/10	(2) Time Depart Return	D a t e	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals			(6) Incid'l	(7) Transportation				(8) Business Expense	(9) Total Expenses for Day
					Breakfast	Lunch	Dinner		(A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car Miles Amt.		
0730		3	Sacto./Dublin/Pleasanton	120.94		10.00	18.00			SC				148.94
	1600	4	Pleasanton/Dublin/Sacto.		6.00	10.00		6.00		SC				22.00
			PURPOSE: ATTEND SPRING CONFERENCE OF THE COUNTY AGRICULTURAL COMMISSIONERS											0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00

Sub Total (Acct. Use Only) _____
TRAVEL ADVANCE \$ 125.00
(10) CLAIM TOTAL \$ 170.94

(11) Purpose of Trip, Remarks & Details
5/3:(4): hotel charge--receipt attached

(12) Normal Work Hours
0800-1700

(13) Private Vehicle License No. _____

(14) Mileage Rate Claimed _____

(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.

Claim: _____ Date: 05.19.10

(16) _____ Official Expense Authorization (See item 17 on reverse)

(18) Program Use				Accounting Use Only					
Index	PCA	%		Obj. Code	Amount	Tax	Non-Tax	Check Number	TEC Amt. Due
2100	13000	100							

Forward original and one copy, with required vouchers/receipts, (original and one copy), to DPR's Accounting Office